

U. S. Department of Justice
Immigration and Naturalization ServiceOMB # 1115-0163
Application for Employment Authorization**Do Not Write In This Block****Please Complete Both Sides of Form**

Remarks	Action Stamp	Fee Stamp
A#		
Applicant is filing under 274a.12 _____		

☐ Application Approved. Employment Authorized / Extended (Circle One) _____ (Date).
until _____ (Date).

Subject to the following conditions: _____

☐ Application Denied.

☐ Failed to establish eligibility under 8 CFR 274a.12 (a) or (c).

☐ Failed to establish economic necessity as required in 8 CFR 274a.12(c) (14), (18) and 8 CFR 214.2(f)

I am applying for: ☐ Permission to accept employment
☐ Replacement (of lost employment authorization document).
☐ Renewal of my permission to accept employment (attach previous employment authorization document).

1. Name (Family Name in CAPS) (First) (Middle)	11. Have you ever before applied for employment authorization from INS? <input type="checkbox"/> Yes (If yes, complete below) <input type="checkbox"/> No Which INS Office? _____ Date(s) _____
2. Other Names Used (Include Maiden Name)	Results (Granted or Denied - attach all documentation)
3. Address in the United States (Number and Street) (Apt. Number) (Town or City) (State/Country) (ZIP Code)	12. Date of Last Entry into the U.S. (Month/Day/Year)
4. Country of Citizenship/Nationality	13. Place of Last Entry into the U.S.
5. Place of Birth (Town or City) (State/Province) (Country)	14. Manner of Last Entry (Visitor, Student, etc.)
6. Date of Birth (Month/Day/Year) 7. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	15. Current Immigration Status (Visitor, Student, etc.)
8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	16. Go to Part 2 of the instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.).
9. Social Security Number (Include all Numbers you have ever used)	Eligibility under 8 CFR 274a.12 () () ()
10. Alien Registration Number (A-Number) or I-94 Number (if any)	

Complete the reverse of this form before signature.

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking. I have read the reverse of this form and have checked the appropriate block, which is identified in item #16, above.

Signature _____ Telephone Number _____ Date _____

Signature of Person Preparing Form if Other Than Above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name _____ Address _____ Signature _____ Date _____

Initial Receipt	Resubmitted	Relocated		Completed		
		Rec'd	Sent	Approved	Denied	Returned

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